

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004677

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 379

FILED FEB 13 1963

| | | | |
|--|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u> | | c. CITY OR TOWN <u>FENTON</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>ST LOUIS COUNTY HOSPITAL</u> | | d. STREET ADDRESS <u>Rt 1 - Box 118</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>John</u> Last <u>Seyler</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>1</u> Year <u>1963</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-16-1873</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>VEGETABLE PEDLER</u> | |
| 11a. FATHER'S NAME <u>AUGUST C SEYLER</u> | | 11b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>NO</u> <u>NIL</u> | | 16. SOCIAL SECURITY NO. <u>337 ELSA BIRSCHKUS</u> | |
| 17. INFORMANT <u>EMMA SEYLER</u> | | 17a. NAME OF HUSBAND OR WIFE <u>DECEASED</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bilateral Bronchopneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General Arteriosclerosis & Carcinoma of the Prostate</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>3:50</u> a.m. <u>1-18-63</u> Month, Day, Year <u>2-1-63</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION <u>CLAYTON</u> | | COUNTY <u>MO</u> STATE <u>MO</u> | |
| 21. I attended the deceased from <u>1-18-63</u> to <u>2-1-63</u> and last saw him alive on <u>2-1-63</u> | | Death occurred at <u>3:50</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Deedee or title) <u>H. S. Gilchrist</u> | | 22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u> | |
| 22c. DATE SIGNED <u>2-3-63</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 23b. DATE <u>FEB-4-1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u> | |
| 23d. LOCATION (City, town, or county) <u>FENTON</u> | | (State) <u>MO</u> | |
| 24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME, MEHLVILLE MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-4-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>John G. Murphy</u> | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Hietala

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.